

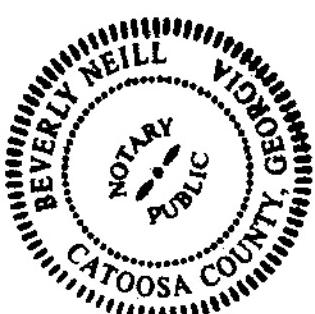
# FT. OGLETHORPE INCIDENT REPORT

AGENCY ID  
GA0230100

**INTERNAL USE ONLY**  
**ORIGINAL REPORT**

CASE NUMBER  
150900027

Statute	INCIDENT TYPE		CNT	GOC UCR CODE	UCR DESCRIPTION	EVENT	
	16-5-70 CRUELTY TO CHILDREN -FEL-1ST DEGREE		1	3802	FAMILY OFFENSE:CRUELTY TOWARD CHILD		
LOCATION DESCRIPTION AND ADDRESS			ZONE	PREMISE TYPE			
LAKEVIEW MIDDLE SCHOOL 416 CROSS STREET FT. OGLETHORPE, GA 30742				HIGHWAY CONVENIENCE STORE	SVC STATION	BANK	
INCIDENT DATE TIME DATE TIME			DISCOVERED BY	COMMERCIAL		X RESIDENCE	
08/28/2015 0800 TO 08/30/2015 2359			Officer <input type="checkbox"/> On Patrol <input type="checkbox"/> Party <input type="checkbox"/> Private Security	SCHOOL/CAMPUS		ALL OTHERS	
STRANGER TO STRANGER			Alarm <input checked="" type="checkbox"/> Complainant <input type="checkbox"/>	WEAPON TYPE			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			WEATHER CONDITIONS	GUN <input type="checkbox"/> KNIFE <input type="checkbox"/>	HANDGUNS, ETC.		
DAY OF THE WEEK (INCIDENT)				OTHER <input type="checkbox"/>	UNKNOWN		
PROPERTY TOTALS	01 - VEHICLES		02 - CURRENCY, NOTES, ETC.	03 - JEWELRY, PREC. METALS	04 - FURS	THEFT / RECV	CRIM. PROP.
	STOLEN <input type="checkbox"/>	RECOVERED <input type="checkbox"/>					
	05 - CLOTHING		06 - OFFICE EQUIP.	07 - TV, RADIO, ETC.	08 - HOUSEHOLD GOODS		
	STOLEN <input type="checkbox"/>	RECOVERED <input type="checkbox"/>					
	09 - FIREARMS		10 - CONSUMABLE GOODS	11 - LIVESTOCK	12 - OTHER	TOTALS	THEFT DATE
	STOLEN <input type="checkbox"/>	RECOVERED <input type="checkbox"/>					
							RECOVERY DATE
DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	NAME OF GANG.
	DRUG 6	DRUG 7	DRUG 8	DRUG 9	DRUG 10		
STATE	CGA <input type="checkbox"/>	ENTRY <input type="checkbox"/>	CANCEL <input type="checkbox"/>	CLEARANCE <input type="checkbox"/>	CASE STATUS		
	PERSON <input type="checkbox"/>	WARRANT <input type="checkbox"/>	VEHICLE <input type="checkbox"/>	ARTICLE <input type="checkbox"/>	BOAT <input type="checkbox"/>	GUN <input type="checkbox"/>	ACTIVE <input checked="" type="checkbox"/> 1 CLEARED BY ARREST <input type="checkbox"/> 2 EX CLEARED <input type="checkbox"/> 3 UNFOUNDED <input type="checkbox"/> 4 INACTIVE <input type="checkbox"/> 5
ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE		TOTAL NUMBER ARRESTED		DATE OF REPORT	09/04/2015	ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
	EVIDENCE COLLECTED? <input type="checkbox"/> N	PHOTOS TAKEN? <input type="checkbox"/> N	FOLLOW UP - PATROL? <input type="checkbox"/> N	CLEARANCE DATE			
	PRINTS TAKEN? <input type="checkbox"/> N	COMPLAINT UNFOUNDED? <input type="checkbox"/> N	FOLLOW UP - DETECTIVES <input type="checkbox"/> Y	CASE STATUS			
	BIO/DNA EVIDENCE? <input type="checkbox"/> N	WILLING TO PROSECUTE? <input type="checkbox"/> U	RESPONSE CODE	ACTIVE			
	REPORTING OFFICER	102	LT. STEVE BLEVINS	REVIEWED BY			
	APPROVING OFFICER			REVIEWED DATE			
	APPROVED DATE			DIVISION ASSIGNED			
				ASSIGNED DATE			
				INVESTIGATOR ASSIGNED			
			ASSIGNED DATE				
			102	LT. STEVE BLEVINS			
			09/05/2015				



# FT. OGLETHORPE INCIDENT REPORT

NCV ID  
GA0230100

CASE NUMBER  
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PERSONS	<b>CHARGES</b> STATUTE      INCIDENT TYPE      CNT    UCR CODE    UCR DESCRIPTION																			
	<input checked="" type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE				<input type="checkbox"/> RAPE VICTIM TYPE _____ EMP. DFCS/ICPS SCHOOL _____															
	NAME BALDRIDGE, KIRBI ADDRESS 700 CITY HALL DRIVE CITY FT. OGLETHORPE      ST GA ZIP 30742																			
	EMAIL				SSN --		RACE [ ]		HEIGHT [ ]		HAIR [ ]		PHONE 706-866-5511							
	DOB		AGE [ ]		SEX [ ]		WEIGHT [ ]		EYES [ ]		CELL									
	MISSING [ ]				DEAD/UNIDENTIFIED [ ]				UNKNOWN [ ]		RETURNED [ ]		WANTED [ ]		SUSPECT [ ]		WARRANT [ ]		ARRESTED [ ]	
	OFF. DATE/TIME [ ]				ARR. AGENCY [ ]								ORI [ ]							
	ARREST DATE [ ]				ARREST TIME [ ]				ARREST / AT NEAR [ ]		OFFENDER TRACK NO. [ ]		GCIC CLASS. NO. [ ]							
	<b>CHARGES</b>																			
	STATUTE      INCIDENT TYPE      CNT    UCR CODE    UCR DESCRIPTION																			
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	<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE				<input type="checkbox"/> RAPE VICTIM TYPE _____ EMP. _____ SCHOOL LAKEVIEW MIDDLE SCHOOL															
	NAME SINGLETON, HALEY ADDRESS P.O. BOX 21608 CITY CHATTANOOGA      ST TN ZIP 37424																			
	EMAIL				SSN --		RACE W		HEIGHT [ ]		HAIR [ ]		PHONE							
	DOB 02/15/2001		AGE 14		SEX F		WEIGHT [ ]		EYES [ ]		CELL 407-230-8968									
	MISSING [ ]				DEAD/UNIDENTIFIED [ ]				UNKNOWN [ ]		RETURNED [ ]		WANTED [ ]		SUSPECT [ ]		WARRANT [ ]		ARRESTED [ ]	
	OFF. DATE/TIME [ ]				ARR. AGENCY [ ]								ORI [ ]							
	ARREST DATE [ ]				ARREST TIME [ ]				ARREST / AT NEAR [ ]		OFFENDER TRACK NO. [ ]		GCIC CLASS. NO. [ ]							
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	NAME SINGLETON, JENNIFER A. ADDRESS P.O. BOX 21608 CITY CHATTANOOGA      ST TN ZIP 37424																			
	EMAIL				SSN 590-58-3770		RACE W		HEIGHT 502		HAIR BLN		PHONE							
	DOB 03/29/1973		AGE 42		SEX F		WEIGHT 200		EYES BLU		CELL 407-230-8968									
	MISSING [ ]				DEAD/UNIDENTIFIED [ ]				UNKNOWN [ ]		RETURNED [ ]		WANTED [ ]		SUSPECT X		WARRANT [ ]		ARRESTED [ ]	
	OFF. DATE/TIME [ ]				ARR. AGENCY [ ]								ORI [ ]							
	ARREST DATE [ ]				ARREST TIME [ ]				ARREST / AT NEAR [ ]		OFFENDER TRACK NO. [ ]		GCIC CLASS. NO. [ ]							
	<b>CHARGES</b>																			
	STATUTE      INCIDENT TYPE      CNT    UCR CODE    UCR DESCRIPTION																			
PERSONS	<b>CHARGES</b> STATUTE      INCIDENT TYPE      CNT    UCR CODE    UCR DESCRIPTION																			
	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE				<input type="checkbox"/> RAPE VICTIM TYPE _____ EMP. _____ SCHOOL _____															
	NAME GIL, CHERYL L. ADDRESS P.O. BOX 21608 CITY CHATTANOOGA      ST TN ZIP 37424																			
	EMAIL				SSN --		RACE W		HEIGHT [ ]		HAIR GRY		PHONE							
	DOB 07/23/1947		AGE 68		SEX F		WEIGHT [ ]		EYES [ ]		CELL 407-230-8676									
	MISSING [ ]				DEAD/UNIDENTIFIED [ ]				UNKNOWN [ ]		RETURNED [ ]		WANTED [ ]		SUSPECT X		WARRANT [ ]		ARRESTED [ ]	
	OFF. DATE/TIME [ ]				ARR. AGENCY [ ]								ORI [ ]							
	ARREST DATE [ ]				ARREST TIME [ ]				ARREST / AT NEAR [ ]		OFFENDER TRACK NO. [ ]		GCIC CLASS. NO. [ ]							
	<b>CHARGES</b>																			
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## FT. OGLETHORPE INCIDENT REPORT

JCY ID  
JA0230100CASE NUMBER  
150900027

NARRATIVE			Seq. No.
Narrative Type NARRATIVE	Reporting Officer 102 LT. STEVE BLEVINS	Statement Date 09/04/2015	Time 1530
<p>CHILD PROTECTIVE SERVICES INVESTIGATOR, KIRBI BALDRIDGE CONTACTED ME BY PHONE AND ASKED ME TO MEET HER IN REFERENCE TO A CHILD, H.S., 14 YEARS OF AGE WHO WOULD NOT GO HOME AT THE END OF THE SCHOOL DAY. I MET WITH MS BALDRIDGE AT LAKEVIEW MIDDLE AND WAS ADVISED THERE WAS ALLEGATIONS OF ABUSE AT THE CHILD'S HOME. SEE INVESTIGATIVE REPORT FOR ADDITIONAL INFORMATION.</p> <p>SB</p>			
SUPPLEMENT			Seq. No.
Narrative Type SUPPLEMENT	Reporting Officer 102 LT. STEVE BLEVINS	Statement Date 09/04/2015	Time 1530
<p>KIRBI BALDRIDGE, C.P.S. INVESTIGATOR CONTACTED ME AND TOLD ME A 14 YEAR OLD FEMALE WAS REFUSING TO GO HOME TODAY BECAUSE SHE WAS AFRAID SHE WOULD BE BEATEN BY HER MOTHER AND OTHERS WHEN SHE GOT HOME, BECAUSE SHE HAD DISCLOSED PREVIOUS PHYSICAL ABUSE TO HER SCHOOL COUNSELOR, JOHN TRAVILLIAN. MR. TRAVILLIAN HAD CONTACTED DFCS AND MADE A REFERRAL ON BEHALF OF THE CHILD, H.S.</p> <p>WHEN I ARRIVED AT LAKEVIEW MIDDLE AND MET WITH MS BALDRIDGE SHE TOLD ME THE CHILD STATED SHE WAS ASSAULTED BY HER MOTHER AND GRANDMOTHER ON FRIDAY (8/28) AND SATURDAY (8/29). THE CHILD STATED SHE WAS HELD DOWN AND HIT BY BOTH HER MOTHER AND GRANDMOTHER. MS BALDRIDGE HAD TAKEN PHOTOS OF SOME HEALING BRUISES UNDER HER RIGHT EYE AND RIGHT UPPER ARM THAT SHE STATED SHE RECEIVED DURING THE ASSAULT. MS BALDRIDGE STATED THE CHILD'S MOTHER, JENNIFER SINGLETON HAD BEEN CONTACTED AND WAS ON THE WAY TO THE SCHOOL.</p> <p>AT APPROXIMATELY 15:58 HOURS THE CHILD'S GRANDMOTHER, CHERYL GILL ARRIVED AT THE SCHOOL. SHE STATED HER DAUGHTER TOLD HER TO COME PICK UP H.S. AS SHE HAD MISSED HER BUS. MS BALDRIDGE AND I INTRODUCED OURSELVES AND EXPLAINED THE COMPLAINT TO MRS. GIL. SHE STATED H.S. IS EMOTIONALLY DISTURBED STATING H.S. WAS RECENTLY RELEASED FROM IN-HOUSE TREATMENT FROM THE "VILLAGE" IN KNOXVILLE, TENNESSEE. SHE STATED IN ADDITION TO H.S. BEHAVIOR PROBLEMS, INCLUDING ANGER AND PERIODS OF "RAGE" SHE IS SUSPECTED OF HAVING MULTIPLE PERSONALITY DISORDER BUT STATED A DIAGNOSIS OF M.P.D. COULD NOT BE MADE UNTIL H.S. IS 18 YEARS OF AGE. MRS. GIL STATED MS SINGLETON TOLD HER H.S. HAD ONE OF HER "LITTLE FITS" ON FRIDAY EVENING BECAUSE SHE WAS UPSET ABOUT A "CHORE" SHE HAD PICKED TO DO. SHE STATED MS SINGLETON TOLD HER SHE HAD TO RESTRAIN H.S., AS THEY HAVE BEEN INSTRUCTED TO DO BY PREVIOUS COUNSELORS. SHE STATED H.S. HAD BEEN HITTING AND KICKING DURING THIS FIT. MRS. GIL STATED ON SATURDAY MS SINGLETON BROUGHT THE CHILDREN TO HER HOUSE BEFORE SHE WENT TO WORK. SHE STATED H.S. WAS STILL UPSET THAT DAY AND THEY ARGUED. SHE STATED H.S. WENT INTO A FIT AND SHE AND MS SINGLETON RESTRAINED H.S. SHE STATED HER HUSBAND, WHO IS DISABLED TRIED TO HELP HOLD H.S. ARM AND HE WAS STRUCK DURING THE ALTERCATION. MRS. GIL STATED H.S. COULD HAVE BEEN BRUISED DURING THIS TIME BUT WAS NOT SURE. MRS. GIL CONTACTED MS SINGLETON AND TOLD HER SHE WOULD NEED TO MEET WITH US AT THE SCHOOL.</p> <p>AT APPROXIMATELY 16:40 HOURS MS SINGLETON ARRIVED AT THE SCHOOL. I EXPLAINED OUR CONCERNs TO HER AND SHE AGREED TO TALK WITH MS BALDRIDGE AND I. MS</p>			

## FT. OGLETHORPE INCIDENT REPORT

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## SUPPLEMENT

Narrative Type <b>SUPPLEMENT</b>	Reporting Officer 102 LT. STEVE BLEVINS	Statement Date 09/04/2015	Time 1530
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SINGLETON STATED H.S. HAS HAD PROBLEMS SINCE THEY WERE ALL ABUSED BY HER HUSBAND IN FLORIDA. SHE STATED H.S. HAS BEEN IN NUMEROUS TREATMENT PROGRAMS BUT HER INSURANCE HAS RUN OUT FOR THE YEAR. SHE STATED SHE PROBABLY WON'T PUT H.S. BACK IN TREATMENT AS NOTHING SEEMS TO WORK FOR HER. SHE STATED H.S. HAS ALL THE TOOLS SHE NEEDS TO CONTROL HER ANGER BUT REFUSES TO USE THEM. SHE STATED ON FRIDAY (8/28) THEY HAD GUEST OVER FOR SUPPER. SHE STATED SHE HAD H.S. AND HER BROTHER, S.S. DO THE DISHES. SHE STATED SHE OVER HEARD H.S. BEING MEAN TO HER BROTHER AND CALLED HER OUT, STATING SHE, H.S. WOULD HAVE TO WRITE A LETTER OF APOLOGY TO HIM. SHE SAID H.S. GOT ANGRY SO SHE HAD HER STAND IN THE CORNER. SHE STATED HER OTHER SON, A.S. OPENED A DOOR AND BUMPED H.S. BY MISTAKE. SHE SAID H.S. GOT INTO A RAGE AND SLAMMED THE DOOR BACK AT A.S. MS SINGLETON STATED H.S. STARTED HITTING A.S. AND SHE TRIED TO RESTRAIN H.S. BY PUTTING HER ON THE FLOOR AND HOLDING HER DOWN. MS SINGLETON HAD VIDEO ON HER CELL PHONE THAT SHE ALLOWED US TO WATCH. THE VIDEO BEGINS AFTER THE ALTERCATION AND SHOWS THE MOTHER TALKING TO H.S. TRYING TO CALM HER. EVENTUALLY H.S. DOES CALM DOWN AND AT ONE POINT IS LAUGHING AT HER MOTHER.

SB

## SUPPLEMENT

Seq. No. 3

Narrative Type <b>SUPPLEMENT</b>	Reporting Officer 102 LT. STEVE BLEVINS	Statement Date 09/04/2015	Time 1530
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MS BALDRIDGE AND I MET WITH H.S. SHE STATED HER MOTHER MADE HER STAND IN THE CORNER BECAUSE SHE SAID SHE HAD BEEN MEAN TO HER BROTHER, SETH. SHE STATED WHILE SHE WAS STANDING IN THE CORNER, HER OTHER BROTHER, AIDEN OPENED A DOOR INTO HER AS HE CAME INTO THE HOUSE, STRIKING HER IN THE BUTT WITH THE DOOR. SHE STATED SHE THOUGHT HE MEANT TO AND SHE GOT MAD AND ATTACKED HIM. SHE STATED HER MOM TRIED TO BREAK THEM UP AND AS HER MOTHER HELD HER, AIDEN HIT HER WITH HIS HANDS. SHE STATED THIS MAY HAVE BEEN WHEN SHE WAS BRUISED. SHE STATED AT SOME POINT HER GRANDMOTHER OFFERED TO LET HER STAY AT THEIR HOME TO GIVE HER AND HER MOM A BREAK. H.S. STATED HER MOM TRIES TO HOLD HER DOWN WHEN SHE LOSES HER TEMPER AND SOMETIMES THEY BOTH GET HURT BECAUSE OF IT. H.S EXPRESSED CONCERN ABOUT GOING HOME TO HER MOTHER SINCE THE ALLEGATIONS HAD BEEN RAISED STATING HER MOTHER WOULD ABUSE HER.

AFTER TALKING WITH ALL PARTIES, MS BALDRIDGE AND I BOTH HAD CONCERN ABOUT H.S. RETURNING HOME TODAY. MS. BALDRIDGE CONTACTED THE JUVENILE COURT AND TOOK TEMPORARY CUSTODY OF H.S. UNTIL A CUSTODY HEARING CAN BE HELD IN COURT ON TUESDAY, SEPTEMBER 8, 2015 AT 13:30 HOURS.

I ADVISED MS SINGLETON THAT H.S. WOULD BE TAKEN INTO CUSTODY AND PLACED IN FOSTER CARE FOR THE WEEKEND. I NOTIFIED HER OF THE HEARING DATE AND SCHEDULE. SHE AND MRS. GIL LEFT THE SCHOOL WITHOUT INCIDENT.

SB